PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

maintenance fee notification	ns.		ifying a new co	orrespondence addres	s; and/or (b) indicating a separate	arate "FEE ADDRESS" for
	9809	SEP 2 1 2005	- 1	papers. Each addition have its own certification	f mailing can only be used finis certificate cannot be used hal paper, such as an assignmente of mailing or transmission. Sertificate of Mailing or Transmittal is bein with sufficient postage for finial Stop ISSUE FEE address PTO (703) 746-4000, on the control of the service	ent or formal drawing, must
01 FC:2501	700.0	OP PARENT				(Depositor's name)
02 FC:1504		300.00 OP				(Signature)
,				<u> </u>		(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED I		TOR ·	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/665,037	09/22/2003	: William J. Dea		II		4466
TITLE OF INVENTION: IC	CE SCRAPER				•	
•	•			•		•
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	09/27/2005
EXAMINER		ART UNIT	CI	ASS-SUBCLASS		
FASTOVSKY	, LEONID M	3742		219-229000	-	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
		low, no assignee data wof this form is NOT a sub	vill appear on the stitute for filing	ne patent. If an assig g an assignment.	nee is identified below, the c	locument has been filed for
(A).N ME OF ASSIGNE	EE	(B) RES	IDENCE: (CIT	Y and STATE OR CO	OUNTRY)	
•	•					
lanas ⁽ abandasha a sa sa sa sa sa				<u> </u>		
a. The following fee(s) are	assignee category or categor			□ Individual □ (Corporation or other private gr	oup entity Government
Fissue Fee			nent of Fee(s): check in the an	nount of the fee(s) is e	nclosed	•
1	mall entity discount permitte			t card. Form PTO-203		
Advance Order - # of		τι		ereby authorized by	charge the required fee(s), or (enclose an extra c	credit any overpayment, to opy of this form).
	(from status indicated above MALL ENTITY status. See		Applicant is no	longer claiming SMA	ALL ENTITY status. See 37 C	FR 1.27(p)(2).
					sly paid issue fee to the applications of the application of the appli	
Authorized Signature	Paul 7.	and Trademark Office	•		1. 1 21	2000

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name

Registration No.